

## INTRODUCTION

The *Status Report on Missouri's Alcohol and Drug Abuse Problems* is issued annually by the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse. The primary purpose of this report is to provide policy makers, planners, service providers, and researchers with a broad set of quantifiable measures and indicators of substance use, abuse, and addiction in Missouri.

Substance abuse is classified as a mental health disorder and includes both the abuse of, and dependence on, alcohol and other drugs. An estimated 26.6 percent of the U.S. population 15-54 years of age experiences some type of substance abuse in their lifetimes. Within a single year, 6.6 percent of the population has a substance abuse problem and an additional 4.7 percent has co-occurring substance abuse and mental disorders (64) (*see References, page 342*). Missouri's most recent needs assessment indicates that 378,000 Missouri adults over age 18 need alcohol or drug abuse treatment and 114,000 adolescents 12-17 years of age need intervention or treatment (43, 44).

Many of the substance abuse measures and indicators presented in this report are used by other substance abuse authorities, including the Substance Abuse and Mental Health Services Administration, the National Institutes of Health, the Centers for Disease Control and Prevention, and the Robert Wood Johnson Foundation (46, 50, 56, 58, 64). Some of the data are direct measurements of substance abuse events, such as drunk driving crashes. Others are indicators that have a statistical correlation to substance abuse and may precede, follow, or not be associated with substance use or abuse in specific cases. Alcohol and other drug abuse typically have a profound impact on quality of life factors such as family relations, employment, health, housing, and legal status. Therefore, a broad array of data must be presented to quantify these impacts.

Health problems associated with substance abuse include prenatal exposure to alcohol and other drugs, sometimes resulting in lifelong impairments; medical emergencies from overdoses and toxic reactions; and chronic diseases resulting in several of the leading causes of death. Public safety is compromised through alcohol and drug related traffic crashes and a variety of non-traffic accidents resulting from intoxication. Substance abuse is related to low educational achievement, unemployment, poverty, crime, and violence. It also contributes to interpersonal conflict, family disintegration, and emotional suffering. Victims of violence are more likely to be seriously injured if their perpetrators have consumed alcohol and/or other drugs (67). One-half of perpetrators of domestic violence are believed to have alcohol or drug addiction problems, and an estimated 80 percent of child abuse cases involve parental substance abuse (61).

According to recent estimates, the national indirect costs of substance abuse were \$184.6 billion for alcohol abuse in 1998, \$116.9 billion for drug abuse in 1997, and \$130 billion for cigarette smoking in 1998. These costs totaled \$431.5 billion for the United States. Missouri's estimated share of this burden was over \$8.6 billion, with annual costs of almost \$1,600 per Missouri resident (54, 60, 68). These costs include loss of productivity due to substance abuse related illnesses and deaths, motor vehicle crashes, fire destruction, crime, fetal alcohol syndrome, acquired immune deficiency syndrome (AIDS), and the treatment and support of people with substance abuse problems.

These high monetary and social costs can be reduced. The federal Center for Substance Abuse Treatment (CSAT) has compiled studies from several states and corporations documenting substantial cost savings from substance abuse treatment, large reductions in crime, and other benefits (61, 62). Many people who seek help for substance abuse finance their treatment services or have insurance coverage. For those unable to afford services, publicly funded programs are necessary. The public sector's share of total treatment expenditures has been increasing in recent years, climbing from 53 percent in 1987 to 64 percent in 1997 (60).

The Missouri Division of Alcohol and Drug Abuse is responsible for the provision of publicly funded services that utilize state and federal funds. Annual surveys of Missouri treatment facilities indicate that the publicly supported programs serve approximately three-fourths of all treatment clients (66). Therefore, of the 492,000 Missouri residents (378,000 adults and 114,000 adolescents) who need treatment or intervention services, a projected 369,000 are expected to require public support. In fiscal year 2001, 40,035 clients received services in treatment programs funded by the Division of Alcohol and Drug Abuse (24). An additional 10,594 were served in clinical intervention programs as a result of substance abuse related traffic offenses. These 50,629 clients comprise less than 14 percent of the 369,000 who need the Division's services. Thus, the vast majority of the Missouri substance abuse population is unserved. In fiscal year 2001, new admissions to Division of Alcohol and Drug Abuse treatment programs totaled 42,294 -- including 2,249 who sought counseling due to a family member's substance abuse and 258 who indicated their primary problem was gambling. The remaining 39,787 entered treatment for a primary problem of substance abuse or dependency (23). Most of the admissions data in this report summarizes the characteristics of the substance abuse/dependency clients.

The broadest arrays of measures, indicators, and treatment admissions in this report are presented on a statewide level of analysis. To illustrate trends, data tables and charts include counts or rates from the past several years when available. To facilitate regional planning, data is provided for each of the Division of Alcohol and Drug Abuse administrative regions and service areas. An illustration of these regions and service areas is included in the Appendix of this report. Data on Missouri's 115 counties is provided to assist local planning. Several tobacco issues have emerged during the past few years. A separate section summarizes the current status of tobacco regulation and use in Missouri.

Alcohol and drug related deaths and hospitalizations are quantified based on International Classification of Diseases (ICD) coding. Mortality data began being coded using ICD-10 in 1999, resulting in a change in the complex set of rules for selecting the single underlying cause of death from among several interrelated causes. Aside from the code changes, the methodology that derives estimates of the number of alcohol, drug, and tobacco deaths that should be attributed to the new codes is also undergoing revision. As a result, some death estimates are not yet available, and those that are available cannot be directly compared to pre-1999 estimates.